

PERSONAL EXPLANATION

HON. LOUISE McINTOSH SLAUGHTER

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Ms. SLAUGHTER. Mr. Speaker, I was unable to be present for rollcall votes 315, 316, 317, and 318, amendments to H.R. 4690, a bill making appropriations for the Departments of Commerce, Justice, and State, the Judiciary, and related agencies for Fiscal Year 2001.

Had I been present, I would have voted yes or aye on each of these votes.

Campbell amendment; Reduce Federal Prison System spending: No. 315, "aye".

Hinchey amendment; Fund Economic Development Administration: No. 316, "aye".

Scott amendment; Increase funds for Boys and Girls Clubs in public housing: No. 317, "aye".

DeGette amendment; Abortion for women in prison: No. 318, "aye".

**CANADA'S MEDICINE WON'T CURE
U.S. SYSTEM**

HON. SAM JOHNSON

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Mr. SAM JOHNSON of Texas. Mr. Speaker, I would like to insert for the RECORD and excellent editorial written by the Republican Conference Chairman J.C. Watts. His editorial ran in the Dallas Morning News on Sunday, June 11, 2000.

Mr. Watts correctly identifies the pitfalls of Congress adopting any health care system that resembles Canada's failed socialist system. Americans told us in 1994 that they do not want a national takeover of our health care system. We must stop any one-size-fits-some government run program and embrace a concept that gives seniors a plan that best fits their own needs.

That is why Republicans have drafted a Medicare prescription drug bill that will provide needed medicine to our nation's seniors. It is a private based plan that will give seniors access to affordable, reliable and quality health care because I believe seniors should never have to choose between food and medicine.

[From the Dallas Morning News, June 11, 2000]

CANADA'S MEDICINE WON'T CURE U.S. SYSTEM
(By J.C. Watts)

While it certainly is true that grass often looks greener on the other side of the fence, anyone who has gotten a closer view can tell you where the crabgrass grows. That couldn't be any truer than in the debate over prescription drug prices.

Those who are making political hay by holding up Canada's system of health care on the basis of cheaper drug prices are playing a false and dangerous game of bait and switch. The truth is that Canada's drug prices are linked to a system of health care that no American would settle for. Don't trust anyone who pretends to sell you one without the other.

Just as Democrats say Americans should flock to Canada for drugs, Canadians already flock to the United States for treatment.

The Canadian government uses a big-government approach that rations health care and discourages new medical technology. As a result, Canadians wait three times longer for cancer treatments and nearly 12 weeks to see a specialist. Canada also strongly controls the prices of innovative medicines, which has discouraged investment in research to develop medicines.

Worse yet, the Canadian government won't pay for many of the latest breakthrough medications. For example, a number of top-selling drugs that are widely used by seniors in the United States—drugs that treat ailments such as arthritis, osteoporosis and allergic rhinitis—aren't reimbursed by some of Canada's biggest provincial health plans that provide prescription drug coverage to the poor, elderly and disabled.

Canadians also face longer waits in gaining access to new medicines produced by Canadian drug makers. The Canadian government typically takes about a year and a half to approve a new drug for sale—that is at least 6 months longer than it takes here at home. Then, each provincial government in Canada takes additional time in deciding whether the new medicine will be placed on its list of reimbursable drugs.

Even after approval, it can take almost two years for officials in Canada to place a medicine on the provincial reimbursement list. Typically, elderly patients with serious health problems don't have that kind of time to spare.

A recent report from the highly regarded Fraser Institute in Vancouver found that 76 percent of Canadians believe their health care system is "in crisis." Seventy-one percent said changes are needed because health care needs aren't being met. The study also found that Canadian patients often are forced to use the medicines selected by the government solely for cost reasons. Patients who would respond better to the second, third or fourth drug developed for a specific condition often are denied the preferred drug and are stuck with the government-approved "one-size-fits-all" drug.

Perhaps most significant, however, is the fact that Canada's system of establishing artificially low drug prices has resulted in Canadian drug makers investing less in their own research and development of promising new medicines. And foreign companies often are reluctant to introduce new drugs in Canada because of price controls. That means Canadians' access to lifesaving new drugs is limited.

Yet this Canadian-style health care with prescription drug benefits is what some in Washington are proposing for America.

Just recently, we Republicans proposed a plan that modernizes Medicare and adopts a prescription drug coverage benefit. Unlike a one-size-fits-all plan, the plan is a market-based solution that gives Medicare beneficiaries real bargaining power through private health plans to purchase drugs at discount rates, and it guards against escalating out-of-pocket drug costs by setting a monetary ceiling beyond which Medicare would pay 100 percent of beneficiaries' drug costs.

Our plan is 100 percent voluntary and preserves current coverage for seniors who want to keep what they have, while extending to other beneficiaries the choice of several competing prescription drug plans. By rejecting the big-government approach, our plan not only would provide a needed prescription drug benefit, it also would ensure continued innovation and the development of lifesaving drug therapies by American pharmaceutical companies.

Today, America's pharmaceutical industry, which is being criticized in the current debate, spends about \$24 billion on the research and development of more than 1,000

new medicines that could combat a wide range of diseases. But that effort comes with a cost—it takes 12 to 15 years and an average of \$500 million to bring each drug from the laboratory to the market.

For every dollar that American pharmaceutical companies earn in drug sales, 20 cents is reinvested in developing newer, better drugs. In many instances, American companies invest the money and research time in discovering medicines that Canada and other countries then turn around and reproduce at a cost of a few pennies per pill. The reality is that the Canadian system works because of the free-market practices of the United States and other nations.

America sets the global standard for creating new medicines. Let's keep it that way, so that all Americans and the rest of the world can continue to reap the healthful benefits of our home-grown ingenuity.

**HONORING MIGUEL LAGUNA FOR
OUTSTANDING SERVICE TO THE
COMMUNITY**

HON. ROSA L. DeLAURO

OF CONNECTICUT

IN THE HOUSE OF REPRESENTATIVES

Friday, June 23, 2000

Ms. DeLAURO. Mr. Speaker, it is with great pleasure that today I join people from the Greater New Haven area, to pay tribute to one of our most outstanding community members, Miguel Laguna. Miguel will be retiring after a twenty-six year career as the Executive Director of Crossroads, Inc., a bilingual drug rehabilitation program.

Crossroads has been an invaluable asset to area residents since its inception in 1973 and Miguel has been the driving force behind its success. Through his commitment, dedication, and most importantly, compassion, Crossroads has grown from its original 25-bed capacity to its current capacity of 101. In only twenty-five years, this is indeed a remarkable achievement. With Miguel's foresight and leadership, Crossroads has continually met the ever-changing needs of individuals seeking to recover from chemical dependence. The development of a women's program, the eventual extension of services to pregnant and parenting women, and the addition of contracts with the Department of Corrections and Office of Alternative Sanctions has allowed Crossroads to reach out to our entire community. Crossroads offers some of our most vulnerable citizens the services and programs they need to live happy, productive lives. Though originally serving primarily Latino clients, Crossroads now serves a culturally diverse population, making a real difference in the lives of hundreds of area residents.

Miguel has not only had a tremendous impact on our community professionally, but in his civic life as well. Throughout his time in New Haven, he has served on a variety of boards, commissions and task forces aimed at enriching the lives of our children and families. Whether as a police commissioner, a member of the Mayor's Task Force on AIDS, the National Puerto Rican Coalition, or the Regional Planning Committee for Mental Health, Miguel has demonstrated a unique commitment to public service. His unparalleled dedication is reflected in the myriad of local, state, and national awards which have been presented to him throughout his career.